

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Carolina Rising, Inc.(b) Address (number and street) ☐ check if different than previously reported
5 West Hargett Street - Suite 502

(c) City, State and ZIP Code

Raleigh

NC

27601

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002273**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y
09 / 15 / 2014D D D / Y Y Y Y Y
15 / 2014

through

M M M / D D D / Y Y Y Y Y
09 / 19 / 2014D D D / Y Y Y Y Y
19 / 2014**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y
09 / 15 / 2014D D D / Y Y Y Y Y
15 / 2014Y Y Y Y Y
2014(b) Communication Title NC TV and Cable**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Dallas H Woodhouse

(b) Address (number and street)

5 West Hargett Street

(c) City, State and ZIP Code

Raleigh

NC

27601

(d) Name of Employer or Principal Place of Business

Carolina Rising

(e) Occupation

President

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 805550.89

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Dallas H Woodhouse

SIGNATURE

Dallas H Woodhouse

[Electronically Filed]

DATE

09/16/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.